

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000271509

Entity Name: ALBA HOME HEALTH CARE, LLC

Current Principal Place of Business:

1712 GLEN LAUREL DRIVE
MIDDLEBURG, FL 32068

Current Mailing Address:

1712 GLEN LAUREL DRIVE
MIDDLEBURG, FL 32068 US

FEI Number: 84-3646720

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHULTZ, ISA N
1712 GLEN LAUREL DRIVE
MIDDLEBURG, FL 32068 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SCHULTZ, ISA N	Name	SCHULTZ, LYNDA
Address	1712 GLEN LAUREL DRIVE	Address	1712 GLEN LAUREL DRIVE
City-State-Zip:	MIDDLEBURG FL 32068	City-State-Zip:	MIDDLEBURG FL 32068

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LYNDA SCHULTZ

MGR

06/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date